

Case Number:	CM15-0163197		
Date Assigned:	08/31/2015	Date of Injury:	08/02/2008
Decision Date:	10/05/2015	UR Denial Date:	07/25/2015
Priority:	Standard	Application Received:	08/19/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44 year old female, who sustained an industrial injury on 8-2-2008. Diagnoses include myositis, shoulder joint pain, hip joint pain, lumbago, cervical degenerative disc disease, herniated cervical disc, cervicgia and thoracic pain. Treatment to date has included multiple surgical interventions (right shoulder, 2010 and 2011, and left shoulder, 2012) as well as conservative measures including diagnostics, modified activity, chiropractic, physical therapy, injections and medication management. Per the Primary Treating Physician's Progress Report dated 6-08-2015, the injured worker reported worsening lower back pain with radiation to the right lower extremity and right groin with associated sharp shooting pain and weakness over the past 4 months. She states no significant relief with prior epidural steroid injection. Physical examination revealed deep tendon reflexes bilaterally symmetrical, biceps 2+, and patellar 2+ on the left and 1+ on the right. Flexion and extension of the cervical spine caused pain. The plan of care included medications and authorization was requested for Soma 350mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Soma 350mg #90 with 2 refills, three times daily as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids; Ongoing Management; Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Kroenke K, Krebs EE, Bair MJ Pharmacotherapy of chronic pain: a synthesis of recommendations from systematic reviews, Gen Hosp Psychiatry 2009 May-Jun, 31 (3): 206-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
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Decision rationale: Regarding the request for Soma, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma is not medically necessary.